



Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-3 February 8, 2012

Issue: Member ID Cards

Amerigroup



Effective Date:
Date of Birth:
Subscriber #:

Amerigroup Louisiana, 3850 N. Causeway Blvd., Metairie, LA 70002
www.myamergroup.com/LA

Member Name:
Medicaid or LaCHIP Number:
Primary Care Provider (PCP):
PCP Telephone #:
PCP After Hours #:
PCP Address:
Vision Care: 1-800-787-3157 (under age 21)

Member Services and Behavioral Health: 1-800-600-4441
Amerigroup On Call/Nurse HelpLine: 1-866-864-2544

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-855-2880.

MIEMBROS: Lleve consigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene alguna pregunta, llame a Servicios para Miembros al 1-800-600-4441. Llame al 1-800-855-2884 si es una persona sorda o tiene problemas de la audición.

HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
Louisiana Medicaid Fraud and Abuse Hotline: 1-800-422-2917

LA01 02/12

Community Health Solutions



Member Name: John Doe
Member State ID: 12345
Member DOB: 00/00/0000 Effective: 00/00/0000

Physician: William Doe, M.D.
000-000-0000
(000-000-0000 after hours)



Submit Claims to:
Community Health Solutions of Louisiana
P.O. Box 23199
St. Petersburg, FL 33742 **Payor ID: CLA11**


1-855-247-5248 24-hour Member Services or to file a grievance
1-855-773-2884 Prior Authorization
1-800-488-2917 To Report Medicaid Fraud

In Case of Emergency:
If life threatening **Call 911**
If non-life threatening call **24 hour nurse line at 1-855-247-5248**


LaCare

 <p>A Program of AmeriHealth Mercy of Louisiana</p>		<p>Member Services & Filing Grievances: 1-888-756-0004</p> <p>Provider Services & Prior Authorization: 1-888-922-0007</p> <p>Report Medicaid Fraud: 1-800-488-2917</p>								
<p>DOE, JOHN</p> <p>ID YXM 12345678</p> <p>SEX M DOB 01/01/01</p> <p>EFFECTIVE 01/01/01</p> <p>STATE ID 1234567891</p>	<p>PRIMARY DOCTOR</p> <p>DR. JOHN SMITH (ABC FAMILY PRACTICE)</p> <p>123 MAIN STREET ANYTOWN, LOUISIANA 12345</p> <p>PHONE 318-555-1234</p> <p>LAB XYZ LABS</p> <p>PLAN CODE 355/855</p>	<ul style="list-style-type: none"> • Always carry your LaCare card. You'll need it to get your benefits. Go to your LaCare Primary Care Physician (PCP) for medical care. • Emergency Room: Go to an Emergency Room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP. • Out-of-Area Care: Report out-of-area care to LaCare and your PCP within 48 hours. • Mental Health, Drug & Alcohol Services: Call the toll free number for your parish. If you don't know the number, call Member Services at 1-888-756-0004. <table border="1"> <tr> <td>In-area Providers: To verify member eligibility and coverage</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>For pre-certification</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>Out-of-area Providers: To verify member eligibility and coverage</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>For pre-certification</td> <td>1-800-XXX-XXXX</td> </tr> </table> <p>LaCare 10000 Perkins Rowe, Block G, 4th Floor, Baton Rouge, LA 70810</p>	In-area Providers: To verify member eligibility and coverage	1-800-XXX-XXXX	For pre-certification	1-800-XXX-XXXX	Out-of-area Providers: To verify member eligibility and coverage	1-800-XXX-XXXX	For pre-certification	1-800-XXX-XXXX
In-area Providers: To verify member eligibility and coverage	1-800-XXX-XXXX									
For pre-certification	1-800-XXX-XXXX									
Out-of-area Providers: To verify member eligibility and coverage	1-800-XXX-XXXX									
For pre-certification	1-800-XXX-XXXX									

Louisiana Healthcare Connections

		<p>IMPORTANT TELEPHONE NUMBERS</p>
<p>Name: Jane Doe</p> <p>Medicaid ID #: XXXXXXXXXXXX DOB: XX/XX/XXXX</p> <p>PCP Name: John Doe</p> <p>PCP Address: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX</p> <p>PCP Phone #: XXX-XXX-XXXX After Hours #: XXX-XXX-XXXX</p> <p>If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514) NurseWise is open 24 hours a day.</p>		<p>Members:</p> <p>Member Services: 1-866-595-8133 TDD/TTY: 1-877-285-4514</p> <p>24/7 NurseWise: 1-866-595-8133</p> <p>Vision: 1-866-595-8133</p> <p>File a Grievance: 1-866-595-8133</p> <p>Report Medicaid Fraud: 1-800-488-2917</p> <p>Providers:</p> <p>Provider Services: 1-866-595-8133</p> <p>IVR Eligibility inquiry - Prior Auth: 1-866-595-8133</p> <p>Medical claims: Louisiana Healthcare Connections Attn: CLAIMS PO Box 4040 Farmington, MO 63640-3826</p> <p>Provider/claims information via the web: www.LouisianaHealthConnect.com</p>
		<p>Louisiana Healthcare Connections Address: 8550 United Plaza Blvd. Baton Rouge, LA 70809</p>

United Healthcare

 **UnitedHealthcare** | Community Plan

Health Plan (80840) 999-99999-99

Member ID: 999999999 Group: 99999

Member: SUBSCRIBER BROWN Payer ID: 99999

PCP Name: DR. PROVIDER BROWN


PCP Phone: (999)999-9999

PCP address Main St. DOB: 99/99/9999

PCP City, ST 99999

0709 Administered by UnitedHealthcare Community Plan, LLC

In an emergency go to nearest emergency room or call 911. Printed: 08/10/11




This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member handbook. To find a provider visit the website www.UHCCcommunityPlan.com.


For Members: 866-675-1607
NurseLine: 800-542-8630
Report Fraud: 800-488-2917

For Providers: www.uhcccommunityplan.com 866-675-1607
Medical Claims: PO Box 9999, Kingston, NY, 99999-9999

Molina-Issued Medicaid Card

HEALTH NETWORK for LOUISIANA

 **DEPARTMENT OF HEALTH AND HOSPITALS**
Medicaid

CCN: 

Obertur C.S. 04 15521 4/11

This card is for identification purposes. It is not proof of current eligibility.

EMERGENCIES - For emergencies, go to the nearest health care facility or hospital emergency room. Please notify your Primary Care Physician (PCP) of emergency care as soon as possible.

For questions about this Medicaid card or the Medicaid program, call 1-800-834-3333 for help.

PROVIDERS - To verify eligibility, swipe the card or call the Recipient Eligibility Verification System (REV5) at 1-800-776-6323.

To report possible Medicaid fraud or abuse call 1-800-488-2917.

[Change Password](#)

[Change Account Info](#)

[Provider Logout](#)

[Help](#)

Medicaid Eligibility Verification System Web Application

Navigation Menu

[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.

Note: For Technical Support, Please Contact (877) 598-8753

Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040

Note: The date field formats have changed - enter date in MM/DD/YYYY format

NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search	Card Control	Card	777999999999102	Date of	01/01/1984	Plan	02/08/2012
Type	Number and DOB	Control Number		Birth		Date	

Subscriber Information

Name O'ANA, LOU Z

Subscriber ID 1004022447801

Date of Birth 01/01/1984

Sex Male

Address C/O UNISYS

BATON ROUGE LA 70809-0000

Provider Information

Provider DHH EXEC MGMT/MOLINA SYSSTAF

NPI 9999999995

Submitter ID 2252166370

For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. Plan Begin Date 07/01/1999
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2012 Managed Care Organization COMMUNITY HEALTH SOLUTIONS OF Telephone (888) 982-4752
Active Coverage		Medicaid	Medical Care, Chiropractic, Dental Care, Hospital, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care

Please Note: Individual coverage level applies to all benefits.

Request Reference Number	141313520120208011638	Response Reference Number	201202080000029
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Transaction run on 02/08/2012 at 01:16:38 CT by LAMedicaid - Louisiana Medicaid